COMPLETE & RETURN TO:

Paul Gulko, Manager
New Hampshire Insurance Guaranty Association
Membership
One Bowdoin Square, 2nd Floor.
Boston, MA 02114-2916

NEW HAMPSHIRE INSURANCE GUARANTY ASSOCIATION

ACKNOWLEDGEMENT OF PLAN OPERATION

The undersigned member insurer hereby acknowledges receipt of the Plan of Operation by causing its corporate name to be hereunto subscribed by its President or other authorized officer. Each Member insurer hereby authorizes the Board to levy such assessments, and to take such other actions as are deemed by the Board to be necessary to assure the fair, reasonable and equitable administration of the Fund, as required by law.

Initial Administrative Assessment Fee: \$10.00.

Date Acknowledged	
Name of Member Insure	er
Address	
By	